

Intervention: Countermarketing and the International Code of Marketing of Breast Milk Substitutes

Finding: Insufficient evidence to determine effectiveness

Potential partners to undertake the intervention:

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| <input type="checkbox"/> Nonprofits or local coalitions | <input checked="" type="checkbox"/> Businesses or labor organizations |
| <input type="checkbox"/> Schools or universities | <input type="checkbox"/> Media |
| <input checked="" type="checkbox"/> Health care providers | <input type="checkbox"/> Local public health departments |
| <input type="checkbox"/> State public health departments | <input type="checkbox"/> Policymakers |
| <input checked="" type="checkbox"/> Hospitals, clinics or managed care organizations | <input type="checkbox"/> Other: |

Background:

Countermarketing is specifically directed at commercial enterprises, such as makers or distributors of infant formula, that compete against breastfeeding, and at other factors that have a negative impact on breastfeeding. It seeks to limit these enterprises' use of competing imagery and their influences in the media and in health settings.

The World Health Organization (WHO) International Code of Marketing of Breast Milk Substitutes (International Code) is a comprehensive set of guidelines for those who work and interact with mothers and infants. The International Code suggests standards for the appropriate marketing and distribution of commercial competitors to breast feeding (e.g., formula, artificial nipples, bottles).

Findings from the systematic reviews:

The CDC Guide to Breastfeeding Interventions categorizes these interventions under "effectiveness not established." Practices that lack sufficient research to support effectiveness should not be confused with ineffective programs. Rather, they should be recognized as programs that have the potential to become evidence-based practices—if properly evaluated. Practitioners are encouraged to monitor the impact of these programs in their communities and report on their findings in order to build a base of knowledge sufficient to reach consensus.

Research indicates that distribution of infant formula manufacturer-produced educational materials on breastfeeding had a negative effect on the exclusivity and duration of breastfeeding.

Limitations/Comments:

The recommendations in this priority area are largely informed by the Centers for Disease Control and Prevention (CDC) Guide to Breastfeeding Interventions. Although the CDC report draws heavily on the reviews of the Cochrane Collaboration, a well-respected source of research in public health, its methodology for categorizing interventions is not outlined explicitly.

References:

Shealy KR, Li R, Benton-Davis S, Grummer-Strawn LM. The CDC Guide to Breastfeeding Interventions. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005. Available online at: http://www.cdc.gov/breastfeeding/pdf/breastfeeding_interventions.pdf